

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

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Name (print) Northern Nevada P.A.C. Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 1400 Wedekind Road Reno, NV 89512 Telephone No. (775) 771-5152
 E-Mail Address _____

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

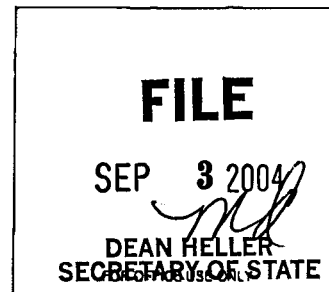
☒ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 8-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	15,000.00	
2. Total Monetary Contributions Received of \$100 or Less	0	
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	0	
4. Total Value of In Kind Contributions Received in Excess of \$100	0	

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	\$5,000.00
6. Total Monetary Expenses Paid of \$100 or Less	0
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	\$5,000.00
8. Total Value of In Kind Expenses in Excess of \$100	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing Is True and Correct.

Signature

Date

CAMPAIGN EXPENSES

Report Period # 1

Northern Nevada P.A.C.

Name (print)

Office (If applicable)

District (If applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 284A.385	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Nevada/Washoe R.N.C.	G	25MAR04	\$500.00
C.T.E. Anne O'Connell	J	12MAY04	\$1,500.00
Robin Levy For Assem.	J	03JUN04	\$1,000.00
C.T.E. Dave Aiazzi	J	03JUN 04	\$1,000.00
C.T.E. Pierre Hascheff	J	03JUN04	\$1,000.00

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